

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 356Primary Registration District No. 4521Registrar's No. 37

STATE FILE NUMBER

FILED MAR 22 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Alley Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Alley Springs, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Junior</u> Last <u>Mendenhall</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/9/43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alley Springs, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Alley Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Willard J. Mendenhall</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret M. Lynch</u>	
14. NAME OF HUSBAND OR WIFE <u>Willard Mendenhall Alley Shgs., Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Willard Mendenhall Alley Shgs., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardio-Pulmonary Congestive failure</u> DUE TO (b) <u>Diabetic acidosis with Coma and a</u> DUE TO (c) <u>severe Bilateral Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Overwhelming Pyogenic Infection with Pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:00 P</u> Month, Day, Year <u>Mar 3, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 28, 1963</u> to <u>Mar 9, 1963</u> and last saw her alive on <u>Mar 3, 1963</u> Death occurred at <u>9:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3/5/63</u>	
22a. SIGNATURE (Degree or title) <u>J. J. Lums, M.D.</u>		22b. ADDRESS <u>Houston, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Alley Springs Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Alley Springs, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn. View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-21-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR

TYPEWRITER RIBBON

ITEM NO. SHOULD READ

VS 300  
Rev. 4/5910702101034 05 067 08 29260X101112 1-013 4-014 -0

To Doctor 4:30 P.M. 3/5/63

Rec'd from Dr. 12: Noon 3/20/63

To Local Registrar 12:30 P.M. 3/20/63

APR 1 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles D. Cartain*

Licensed Embalmer No. 5107

P. O. Address Wilmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.